

UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	2019 JUN 13 Fit 2: 1(4)
۸ /		(Office Use Only).
Name: Swen J. Moore Dayti	Daytime Telephone: 202-225-4522	A \$200 pensity shall be assessed against any individual who files more than 30 days late.
FILER STATUS Member of the U.S. State: W. Stat	Officer or Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant
TYPE 2018 Annual (Due: May 15, 2019) An	Amendment Termination Date of Termination:	nination:
PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS	STIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	the current calendar Yes Mo
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	sid receive any Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes A reporting period?	L CT - 1. 44	pendent child receive any for travel totaling more than uniform the reporting period?
0. Did you, your spouse, or your dependent child have any reportable Yes isability (more than \$10,000) at any point during the reporting period?	I. Did any individual or organization make a do lieu of paying you for a speech, appearance, o reporting period?	make a donation to charity in Yes No No
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	E CORRESPO)NDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TR	OR TRUST INFORMATION - ANSWER EACH O	OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "ye contact the Committee on Ethics for further guidance.	ing during the reporting period? If you answered 'yes' to this q	ss" to this question, please Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. from this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No X
EXEMPTION - Have you excluded from this report any other assets, "uneerned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	transactions, or liabilities of a spouse or your dependent child le Committee on Ethics.	because they meet Yes 🔲 No 💢

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JWEN

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				כע	_	-	Examples		\$1,000 in wassel-bearing accounts. For nextal and other real property hald for investment, from the accomplane address or description, e.g., "rental property and a day and attale. For an ownership interest in a privately-hald business trule in met publicly tracked, state the name of the business, the nexter of its activities, and its geographic location in Block A. Business, the nexter of its activities, and its geographic location in Block A. Business, the next reporting peolod, and any financial across during the reporting peolod, and any financial income during the reporting peolod, and any financial income during the reporting peolod, and any financial inspect in, or leading the Thirt Sandage Plan. The reference program, reclading the Thirt Sandage Plan. If you seport a privately-instead fund that is an Excepted the support a privately-instead fund that is an Excepted the support and characteristic program. For the control that is that of your spouse (SP) or department program is that of your spouse of the fair fail. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or department of the fair fail. For a detarfied discussion of Schedule A nequirements, please rate to the instruction bootset.	For bank and other cosh accounts, total the amount in all sharest-bearing accounts, if the lotal is over \$5,000, list avery financial institution where there is more than	401(IX) piens) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of spoks and mutual funds (do not use only ticker symbols) for all IBAs and other esteement plants (such as	(downly (a) each sees had for investment or production of income and use a few resides value excepting \$1,000 at the end of the reporting period, and (b) any other reportable sees or source of income that generated more then \$200 in 'unearned' income during the year	Assets and/or income
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	ļ	Н	\vdash		\vdash	_	\vdash	_	Over 35,000,000 Spouse/DC Asset with Income over \$1,000,000*		×	Column XII is for assets held by your apouse or dependent chied in which you have no interest.	in Block C, you was indicate the box below the base below the belo	
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		\					1	S(part)	\$1,000.	Leave this column blank if there are no transactions that exceeded	follows: (S (part)).	period. If only a portion of an asset was sold.	indicate if the inact had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	3
									-	The Co	(8)	port	and and sees (F S), or Spes (I ing \$1	Transaction
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SCHEDULE C - EARNED INCOME

Name: GWEN S. MOORS Page 3 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	nnment) totaling \$200 or more during the r below. Social Security Act. ted at or above the "senior staff" rate was \$ ny relationship) are totally prohibited.	reporting period. For a spouse, list 128,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
Keens State State of Manyland Examples: Over Way Roundaphe (Oct. 2)	Approved Teaching Fee Legislative Pension Spours Speech	\$8,000 \$18,000 \$1,000
State of Misconsin	Legislative Poisa	\$20,004.N
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SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

				SP.		
	M	Firs	Exemple			
	lwante (i)	+ Citizens Swit	First Benk of Wilmington, DE	Creditor		
	,	3/a012	5/16	Date Liability Incurred MO/YR		
	Rechnel	Montgage on Cersmal	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	6	
		×		\$50,001- \$100,000		1
			×	\$100,001- \$250,000	9	
				\$250,001- \$500,000	(FI)	Amount of Liability
				\$500,001- \$1,000,000	π	
				\$1,000,001- \$6,000,000	G	
				\$5,000,001- \$25,000,000	r	
				\$25,000,001- \$50,000,000	-	
	1			Over \$50,000,000		1
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious social, traternal, or colitical entities (such as notifical partners and companion organizations) and positions social, fraternal, or colitical entities (such as notifical partners and companion organizations).

			Position	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions social
			Name of Organization	empagn organizators); and positions solely of an indicate y harding.

SCHEDULE F - AGREEMENTS

at vou bave wit	
respect to: fo	Name:
dure employment:	Name: GWEN S. MOORS
a leave of a	S
at you have with respect to: future employment: a leave of absence during the period of government service:	
of government service:	Page 5 of 6

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

			41989	Date	
			Stute of Wisconsin Rehacment Han Receive Redurants	Parties to Agreement	
			determined by State Plan he Culeton	Terms of Agreement	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arington, VA	Silver Plater (prior determination of personal friendship received from the Committee on Ethics)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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Name: GWen	
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Identify the source and list travel titnerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/NI)	Family Member Included? (Y/N)
Government of Chiase (MECEA)	Aug 5-11	DC-Beijing, Chine-DC	*	4	ž
Examples: Habbel for Humanity (charky fundraser)	Mar. 3-4	DC-Brater-DC	٧	۲	۲
CBCI	Nov. 8-11	MKE- Chicago-Saulle-Mke	Y	Y	Y